



Signature

No. of Claims After Amendment			Most Claims Previously Paid	=	Extra Claims				Additional Fee
A. Total Claims	12	-	20	=	0	x	\$18	=	0.00
B. Ind. Claims	1	-	3	=	0	x	\$78	=	0.00
C. If amended to contain multiple dependent claims, add 260							\$260	=	\$0.00
<div style="display: flex; justify-content: space-between;"> <div> <p>F. Total Amendment Fee (D minus E)</p> <p>0.00</p> </div> <div> <p>G. Total Fee</p> <p>0.00</p> </div> </div>									

Atty Dkt No. 9000-0030.10
USSN: 09/234,733
PATENT

___ A check for \$ to cover the extra claims fee is attached.

___ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 2/16/99

By: 

Roberta L. Robins
Registration No. 33,208
Attorney for Applicants

ROBINS & ASSOCIATES
90 Middlefield Road, Suite 200
Menlo Park, CA 94025
Telephone: (650) 325-7812
Fax: (650) 325-7823